

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214523116				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FIRST AMERICAN HOME BUYERS PROTECTION CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F1585464</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000
CLASS	AUTHORIZED					
COMMON	5,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 7833 HASKELL AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: VAN NUYS, CA 91406</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CARLA ROUPE TITLE: VP/CONT/TREASUR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CARLA ROUPE TITLE: VP/CONT/TREASUR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: CARLA ROUPE TITLE: VP/CONT/TREASUR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LARRY DAVIDSON TITLE: CEO/COB ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LARRY DAVIDSON TITLE: CEO/COB ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: LARRY DAVIDSON TITLE: CEO/COB ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DENNIS GILMORE TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DENNIS GILMORE TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: DENNIS GILMORE TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY POWELL TITLE: PRESIDENT ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFFREY POWELL TITLE: PRESIDENT ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: JEFFREY POWELL TITLE: PRESIDENT ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY ROBINSON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFFREY ROBINSON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: JEFFREY ROBINSON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK SEATON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARK SEATON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: MARK SEATON TITLE: DIRECTOR ADDRESS: 7833 HASKELL AVENUE CITY/ST/ZIP/CO: VAN NUYS, CA 91406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD BUMBAUGH CFO 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC GLEASON CIO/VP 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY GOLDSMITH VICE PRESIDENT 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HOGAN COO 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT ROUSE VICE PRESIDENT 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN HARISIS SVP 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY BERGER SVP 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZACHARY ZAHAREK SECRETARY 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZAN KELLY VICE PRESIDENT 7833 HASKELL AVENUE VAN NUYS, CA 91406	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CARLA ROUPE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLA ROUPE, VP/CONT/TREASUR PRINTED NAME AND CORPORATE TITLE	4/30/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			